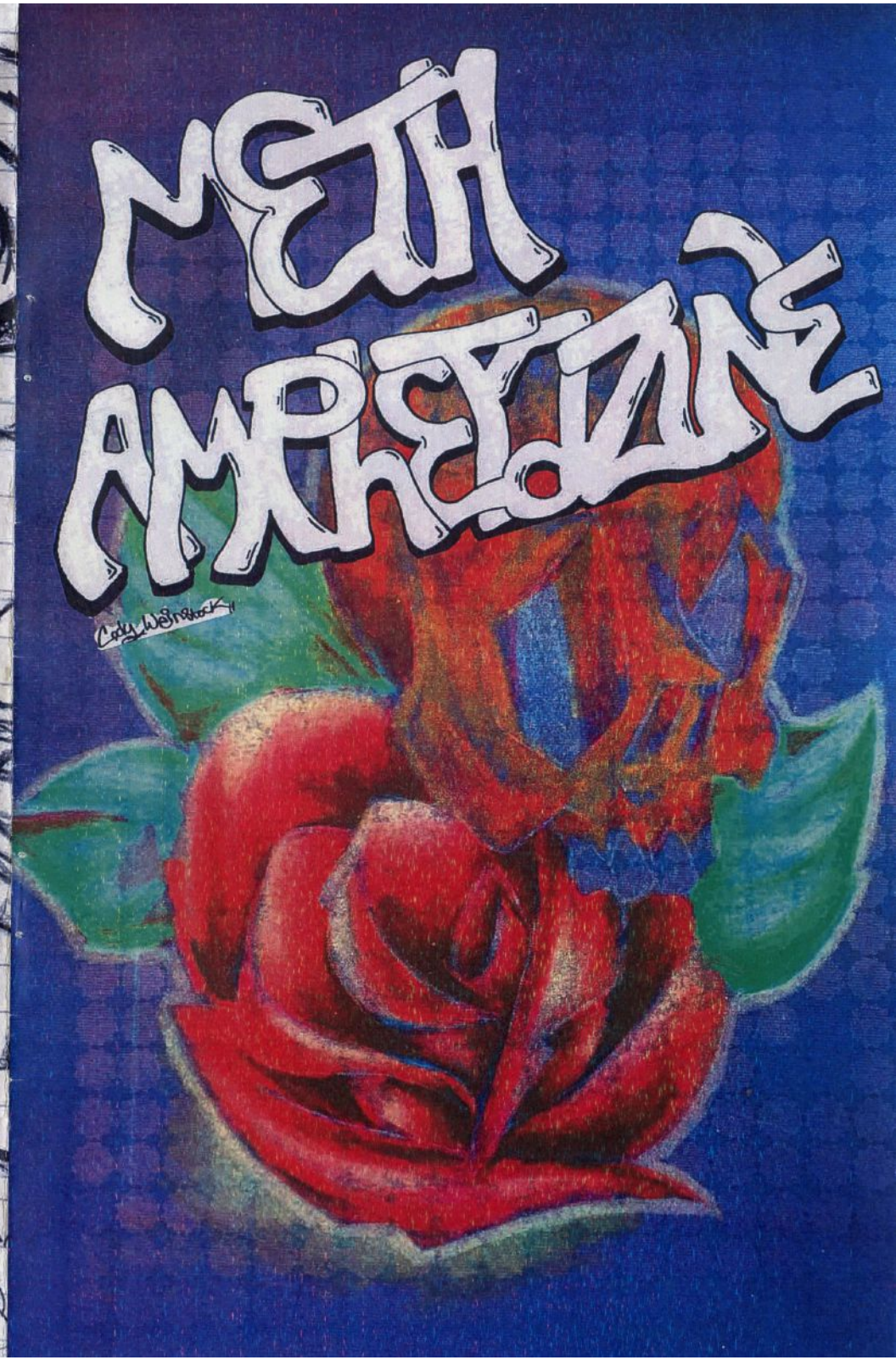
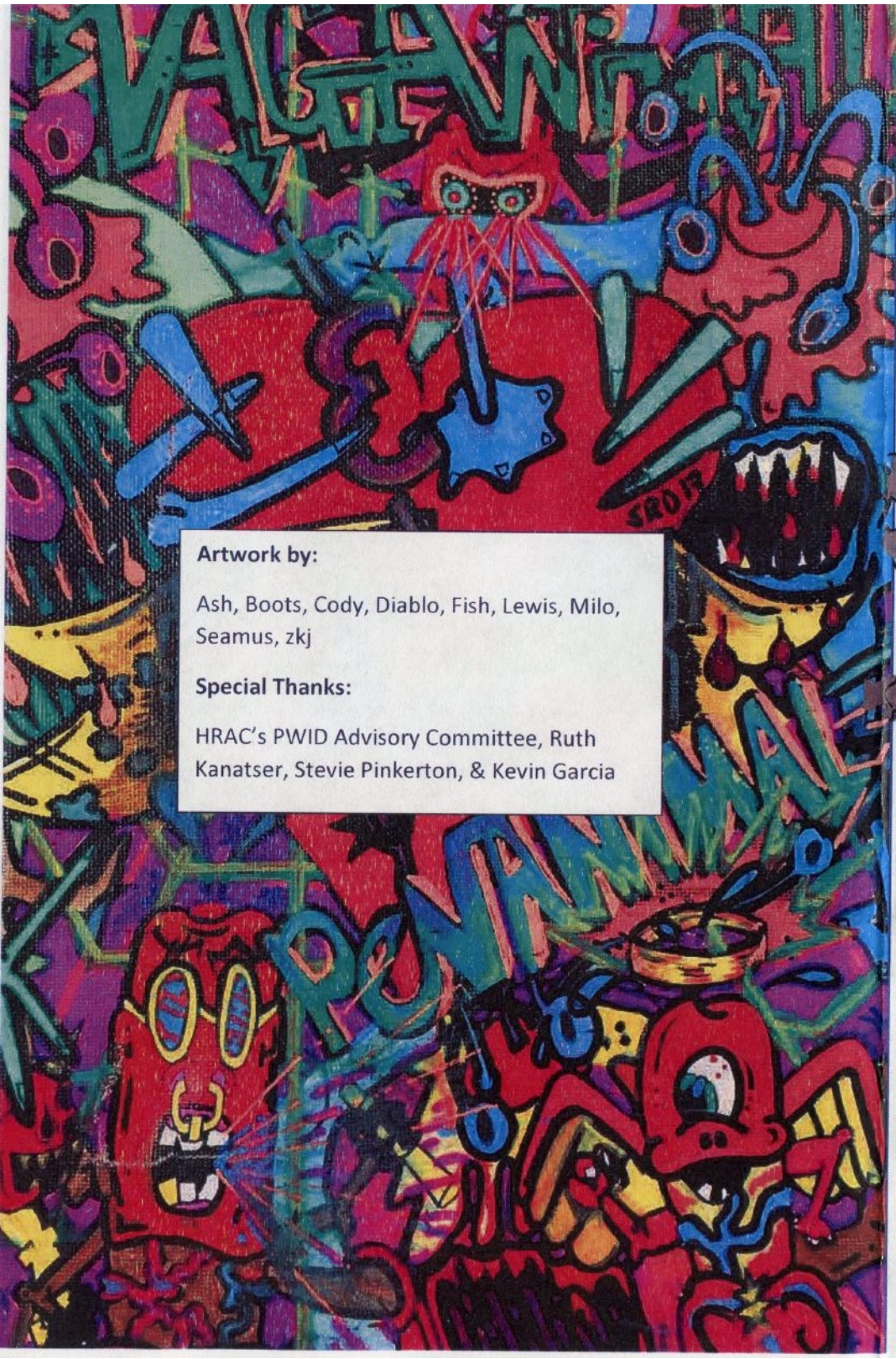
METH AMPHETAMINE



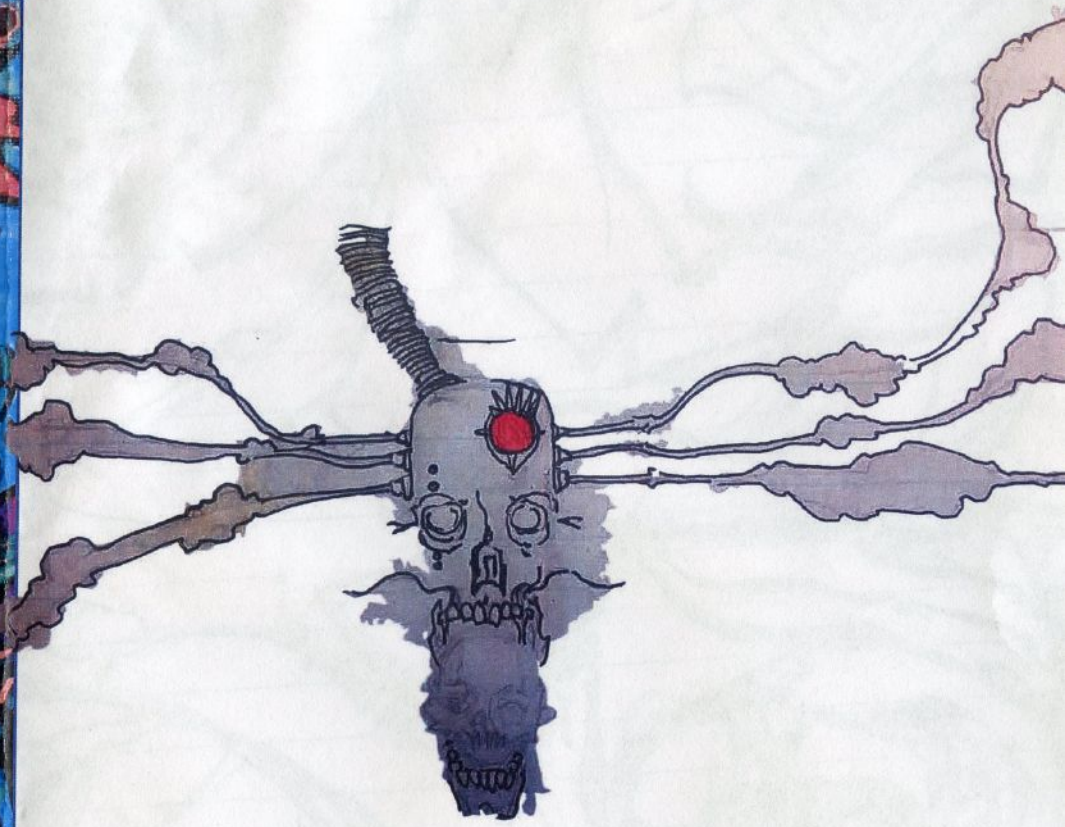


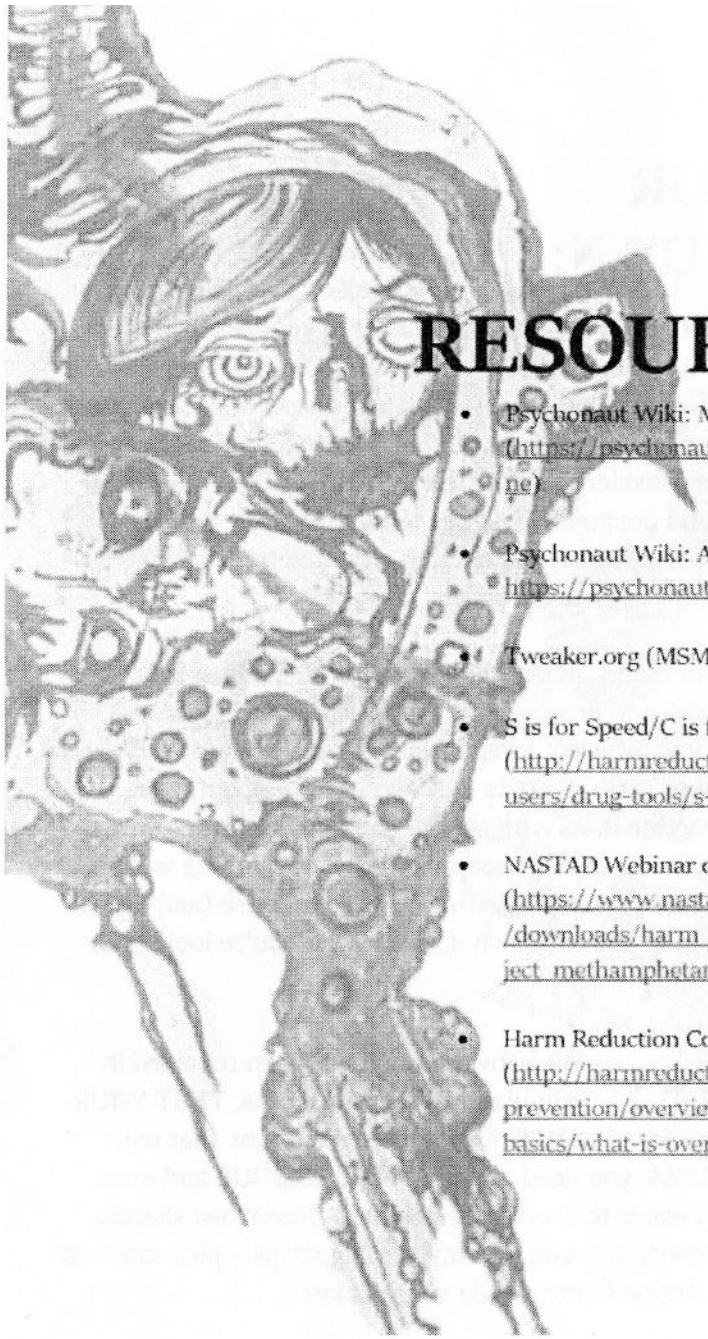
Artwork by:

Ash, Boots, Cody, Diablo, Fish, Lewis, Milo, Seamus, zkj

Special Thanks:

HRAC's PWID Advisory Committee, Ruth Kanatser, Stevie Pinkerton, & Kevin Garcia

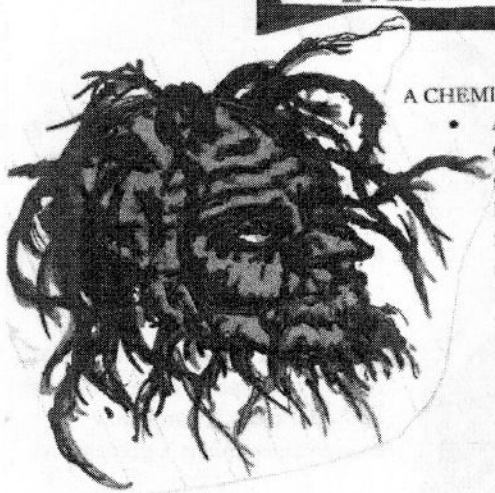




RESOURCES:

- Psychonaut Wiki: Methamphetamine (https://psychonautwiki.org/wiki/Methamphetamine)
- Psychonaut Wiki: Amphetamine https://psychonautwiki.org/wiki/amphetamine
- Tweaker.org (MSM focus)
- S is for Speed/C is for Cocaine (http://harmreduction.org/drugs-and-drug-users/drug-tools/s-is-for-speed/)
- NASTAD Webinar on PWID/Meth Harm Reduction (https://www.nastad.org/sites/default/files/events/downloads/harm_reduction_with_people_who_inject_methamphetamine_8.24.17_copy.pdf)
- Harm Reduction Coalition on Overamping (http://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/)

WHAT IS METH?



A CHEMICAL:

- A central nervous system (CNS) stimulant

CHEMICAL CLASS: Amphetamine w/ CNS stimulating activity

Methamphetamine acts by facilitating the release of noradrenaline, dopamine, and serotonin from nerve terminals in the brain as well as by inhibiting their uptake. This increases synaptic concentration of neurotransmitters and increases stimulation of receptors.

A HISTORY:

Around the turn of the 20th century amphetamine and methamphetamine were synthesized by German and Japanese chemists, respectively. Meth went into worldwide production during WW2 when it was prescribed to soldiers. The concept of "blitzkrieg" was born of methamphetamine. Around the same time, Benzedrine inhalers were popularized for dieting and mood enhancement.

Eventually, as negative side effects became more prevalent, laws evolved around requiring prescription. In 1970 the US categorized Methamphetamine as a Schedule II substance, recognizing its medical benefits, but high potential for abuse effectively making methamphetamine illegal for most use, outside of extreme cases where Desoxyn (prescription methamphetamine) is prescribed. Amphetamine type stimulant use is on the rise in every sector of the world.

ROUTES OF ADMINISTRATION (ROA)

1 – Eat/Swallow: Safest ROA! Less rush than other ways & passes through the liver

2 – Vaporize (Smoke): Fastest ROA. Easy to lose track of time and continue to redose, set limits when vaping meth!

3 – Booty Bump (Boof/Plug/Hoop): Fast & strong rush, make sure to dilute it first, and use the bathroom ahead of time! Use rectal syringes if available, and the same rules apply – try not to reuse.

4 – Snort: The effects are similar to booty bumping, both your nose and your anus are mucous membranes, this is a great ROA!

5 – Inject: Shooting/slamming meth is a fast and easy ROA. Filter it through a cotton even if it melts down clean, your body will appreciate it and abscess less.

DO NOT MUSCLE/SKIN POP stimulants. Unlike opiates, your body can't absorb meth and it's cuts quite the same. Avoid IMing & skin popping, it will lead to gnarly abscesses.

OPTIONS FOR CUTTING DOWN:

Just like methadone and suboxone exist for opiate users, medically assisted treatment (MAT) for stimulant users is needed, but not approved or acknowledged. You can try talking to your doctor about long-lasting stimulants such as extended release Adderall or Vyvanse, which some people find helpful if/when they want to kick (or lessen) their meth use. Unlike amphetamine at therapeutic or low doses, methamphetamine at moderate to heavy doses is considered to be directly neurotoxic to humans, damaging both serotonin and dopamine neurons within the CNS. Practice advocating for yourself in a healthcare setting with a trusted friend, it can be difficult, but some doctors are capable of rational thought!

There are lots of options out there, Modafinil is a nootropic that can help sustain energy (no euphoria), and prescription stimulants such as Adderall, Ritalin, and Vyvanse have had different levels of success reported as well. Some people straight up need meth, there is Desoxyn in the US, but most doctors are hesitant to prescribe it. As with anyone seeking treatment for a substance use disorder, replacing coping mechanisms is key. Finding what works for you from caffeine to prescription stimulants to exercise (and any combination thereof!) can help you cut down if that's what you're looking to do.

KEEP SAFE:

We know fentanyl has been reported in stimulants and pressed pills. **TEST YOUR SHIT**. It's important to know that with methamphetamine and MDMA, you need to ONLY TEST RESIDUE and even then dilute it into ½ cup of water to avoid false positives. Never test shards. Dilute, dilute, dilute. Use instructions on fentanyl testing strips – pick some up from the Harm Reduction Action Center while supplies last.

WITHDRAWAL:

Withdrawal can develop after physical or psychological dependence if you're unable to continue using. Symptoms range in severity based on use, but people experiencing methamphetamine withdrawal can expect many of the following withdrawal symptoms after prolonged periods of use without engaging with periods of abstinence:

- Anxiety
- Decreased motivation
- Depression
- Dysphoric mood
- Fatigue
- Increased or decreased appetite
- Intense cravings for meth/other stimulants
- Not enjoying things you once did
- Sleepiness or sleeplessness

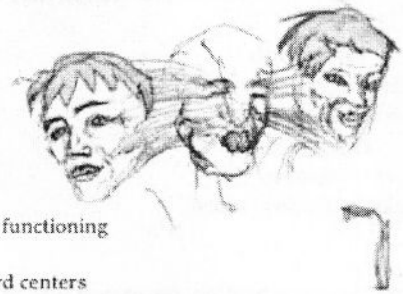
WHAT CAN HELP:

- Re-hydrate
- Sleep
- If trying to avoid using, leave your dealers number with a trusted friend and delete it from your contacts.
- Eat/drink nutritional foods/smoothies/drinks
- Caffeine (in moderation)
- If benzos are an option for you, they can help lessen the anxiety of an initial crash, but be sure to investigate how they can interact with any other medication prior to use (they can cause you to overdose if you also use heroin - esp be careful when mixing downers!)
- Long term: consider periods of abstinence to lessen symptoms of withdrawal. Just a few days off can greatly lower your tolerance and negative side effects from meth.

EFFECTS:

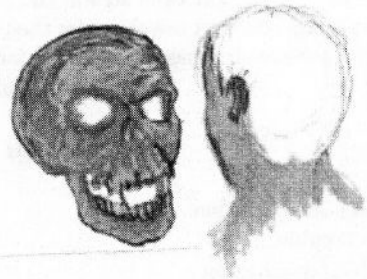
These are all *POTENTIAL* effects; y
may or may not experience some/an
these depending on the quality of the
product and how much you use.

Until drugs are regulated and studied further, these are based on anecdotal speculation:



POSITIVE:

- Decreased appetite
- Decreased need for sleep
- Emotional regulation
- Energy
- Euphoria
- Feelings of higher focus and functioning
- Increased sex drive
- Stimulated pleasure & reward centers
- Thought acceleration



NEUTRAL:

- Disinhibition
- Decreased appetite
- Sweating

NEGATIVE:

- Anxiety
- Compulsive redosing
- Decreased appetite
- Decreased circulation
- Dehydration
- Increased blood pressure/heart rate/breathing/body temperature
- Irritability
- Teeth grinding/jaw clenching
- Temporary loss of consciousness (also called "overamping")

NOTE:

The risks associated with meth exist on a spectrum and depend on many factors including: the dosage used (several hundred milligrams vs. 5-30mg (typical in prescribed dosages)), the route of administration (smoking/injecting vs. oral/snorting), sleep (staying up for several days), and, as with any prolonged dr misuse, methamphetamine misuse can lead to disregarding personal health and hygiene (i.e. stop brushing teeth, showering, etc).

OVERAMPING

Overdosing on stimulants has its own special name - it's called overamping. Unlike opioids, overdosing on stimulants doesn't mean respiratory depression. It can look like a lot of things, here are a few of them:

PHYSICAL:

Overheating (hyperthermia)
- Increased heart rate
- Dehydration
- Sweating
- Rigid (or flailing) limbs

PSYCHOLOGICAL:
- Paranoia
- Anxiety
- Psychosis

If someone is overheating, the easiest way to cool them down is to offer them water to drink. Sometimes people can't sit still and drink water, though! You can cool them down by placing cool/wet towels under their armpits and knees. Remove as much stimulus from the environment as possible (or find a new, cool/quiet space for them to chill out).

***CALL 911 IF:**

- Severe confusion/disorientation
- Trouble seeing/communicating
- Drooling/frothing at the mouth
- Uncontrollable muscle spasms (or stiffness/rigidity of muscles)
- Trouble walking/staying upright (falling)
- Difficulty breathing
- Seizure/heart attack/stroke
- Vibrating vision
- Tactile hallucinations (frequently bugs/mites in skin)
- Intense mood swings
- Extreme paranoia (sketching out)
- Stimulant psychosis
- Aggressive behavior

*Use your best judgement, this list isn't exhaustive, if someone is struggling and you're concerned for their safety, call a medical professional - especially if this behavior is unusual for them and an immediate result of drug use. Some of these symptoms may occur from prolonged sleep deprivation, and may also warrant medical attention

TOP 10 HARM REDUCTION TIPS

1. SLEEP - forreal. Lack of sleep increases the chance of negative effects & stimulant psychosis.

2. If smoking is your preferred ROA, set your personal limits. Smoking meth is often characterized with compulsive redosing. Set a time limit and consumption limit when smoking.

3. Hydrate and keep sugar free gum around to stimulate saliva production to avoid complications that arise from dry-mouth. Most of the damage caused by dry-mouth can be avoided by staying hydrated.

4. Take breaks! Tolerance breaks can lead to a much easier comedown. In some folks (who use on the lower end of things) it's been found that a 3-7 day break cuts your tolerance in half, and a 1-2 week break gets you back to baseline. For heavier users, it can take weeks to months. Sleep, eat, and drink water during your breaks!

5. Avoid substances (such as alcohol) that dehydrate you further!

6. Sample before slamming. Sometimes the meth you buy isn't always what you think it is. Sample it before injecting to avoid having a bad time. If you can, TEST IT.

7. Take magnesium. Magnesium aspartate, citrate, lactate, chloride, and glycinate are known to be the most effective forms of magnesium. Magnesium oxide, carbonate, sulfate are known to be less effective. 200mg of elemental magnesium (check the label) can help reduce jaw clenching, teeth grinding, and tolerance.

8. DO NOT SKIN POP/MUSCLE meth or other stimulants. This will cause gnarly abscesses and wounds.

9. If injecting, run your meth through a cotton filter. Even if it melts clean, meth can contain cut that isn't what you're looking for. Filtering your meth can lead to less trips to the hospital.

10. Know your risk! Riskier substance combinations include mixing methamphetamine with alcohol, MDMA, MAOIs, and cocaine. Polysubstance use is complicated, do your research before combining drugs!